



2823

JW

Attorney Docket No. 42390.P8123

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

an Doyle

Serial No. 09/516,653

Filed: March 1, 2000

QUANTUM WIRE GATE DEVICE AND
METHOD OF MAKING SAME

EXAMINER: BEREZNY, NEAL

ART UNIT: 2823

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Dear Sir:

In response to the Notice of Non-Compliant Amendment mailed November 23, 2004, Applicant hereby submits a corrected Amendments to the Claims section and requests the Examiner to enter the following amendments.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313

On December 13, 2004
Date of Deposit

Teresa Mattox
Name of Person Mailing Correspondence
Teresa Mattox December 13, 2004
Signature Date

01/07/2005 GSTANLEY 00000006 022666 09516653

01 FC:1201 200.00 DE
02 FC:1202 500.00 DE

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BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

09/516,453

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	12 14 04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	53	Minus	** 43 = 10.
Independent	9	Minus	*** 8 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
BASIC FEE	385.00	OR BASIC FEE
X\$ 9=		X\$18=
X43=		X86=
+145=		+290=
TOTAL		TOTAL

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	50
X\$18=	500.
X43=	200.
+145=	200.
TOTAL ADDT. FEE	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	X\$18=
X43=	X86=
+145=	+290=
TOTAL ADDT. FEE	TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.